FOR INSTRUCTIONS, SEE BACK OF FORM		FORM	STATEMENT	
This is an initial* Statement of Organization		DR-1	OF	
I IIIS IS 30 amended* Statement of Occasions	Reset Form	(Rev. 8/2011)	ORGANIZATION	
State Hell must be filed within 10 days of committee	outions, making expenditures, or	For Office Use	Only	
Effective January 1 2011 ONLY county/legal compatition 30 c	lays of a change.	Indexed	739	
using these forms. All other committees must file their statements and	reports electronically	Audited		
		Computer		
COMMITTEE NAME ↓ ↓ (A candidate's committee must include put old name in ().	e the candidate's last name in the name of	of the committee.) If a	amending committee nar	
Brady Hanson				
IMPORTANT: Indicate type of committee you are reporting for: 5				
		VCaunt : 0 1 - 1 - 2		
(5) County Candidate (6) City Candidate (7) School Board or Oth (10) School Board or Other Political Subdivision PAC (11) Ballot	er Political Subdivision Candidate (8 Issue (including committee involved in)County Central Co)County PAC (9)C	Ommittee City PAC ty hallot issues	
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mand			
athy Hanson	Name ↓ ↓	atory except for a c	andidate's committee	
/ailing Address ↓↓ 4506 Hwy E 34	Mailing Address ↓ ↓	J Address ↓ ↓		
city, State ↓ ↓ Zip Code ↓ ↓ astana, Iowa 51010	City, State ↓ ↓ Zip Code ↓ ↓			
Phone 712)353-6576				
-Mail bachanson@wiatel.net	Phone ()			
NDICATE PURPOSE OF COMMITTEE - Chook One Ber 5	e-Mail			
NDICATE PURPOSE OF COMMITTEE - Check One Box Comment or description:	Advocate for/against candidate(s) Ad	vocate for ballot issu	ie(s)	
l Candidates Enter: ffice Sought: Monona County Supervisor	County/Local Candidates ar	vocate against halle	1	
olitical Party (if applicable) Republican	County: Monona			
strict: 1	(If active in multiple ballot issu	e elections, attach lis	st of counties	
	Date of Election: June 5, 20		a or obtained	
ear Standing for Election: 2012 unk Account Name (must match committee name)				
↓ ↓ (most mater committee name)	Candidate name & Address or Pa	rent Entity (PACs, i	f applicable).	
ady L. Hanson	Af	filiate, or Sponsor		
me of Financial Institution/type of Account ↓↓	Brady Hanson			
encoe State Bank	Mailing Address ↓ ↓			
** • • • • • • • • • • • • • • • • • •	34506 Hwy E34			
	City	State ↓ ↓	Zip ↓ ↓	
947 Hwy 175	Castana	lowa		
y ↓ ↓ State ↓ ↓ Zip ↓ ↓		IOWA	51010	
nawa lowa 51040	Phone (712) 353-6576			
	e-Mail bachanson@wiatel.net			
ATEMENT OF A FEIRMATION . B. SIL	firms the following			
or Arrikmation: By filing this document the committee af				
The committee and all persons connected with the	illins the following:			
The committee and all persons connected with the committee understand the is in Chapter 351 of the Iowa Administrative Code.	at they are subject to the laws in Iowa Code	chapters 68A and 68I	3 and the administrative	
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